Paediatric Transfer

Traffic Light

RISK ASSESSMENT

DOCUMENT DECISION ON TRANSFER DOCUMENT AND IN CLINICAL NOTES

TRANSPORT

SCOTSTAR RETRIEVAL
Referring Clinician
MUST MAKE OWN
ED CONSULTANT
AWARE



B | Compromised breathing with potential for deterioration (low sats, difficulty talking, concerns re WOB)

C | Shock (e.g. remains tachycardic despite fluid bolus)

D | P or U on AVPU

0333 399 0222

SCOTST/

REMEMBER

D/W Scotstar All cases which may potentially require PICU or organ support

TRANSPORT

PARAMEDIC CREW AMBULANCE

with urgency of ambulance based on clinical judgment

All patients requiring admission for medical or surgical review, that do not fall under Red or Green pathway, or any Green patient with Safeguarding concerns

TRANSPORT

SELF-TRANSPORT OR TAXI

Head Injuries not requiring immediate CT and GCS 15

Any child requiring specialty review with PEWS ≤ 2

Limb injuries who are adequately analgesed (must be > 2hrs post sedation or IN Diamorphine) and immobilise limb if appropriate

IV cannula does not prevent car transfer but must be secured and checked prior to departure

REMEMBER

Must D/W ED Senior if PEWS 3 or above

Document discussion in notes

REMEMBER

Provide 'Travelling to RHC' leaflet

Any deviation from the above guidance must be discussed with the ED senior in charge

